ANNUAL GROUP PROGRAM QUESTIONNAIRE

Instructions: Please complete a separate questionnaire for each licensed program facility/site which you operate. Please follow all instructions carefully to insure accurate information is maintained on your facility(s) and programs. This questionnaire is for many different kinds of programs. If the question does not apply to you, please indicate with a "NR" (not relevant) in the space provided. If you have any questions, please call the LOCATE staff at (240) 777-3130. Please return the completed questionnaire to MCCCR&RC at 332 West Edmonston Drive, Rockville, MD 20852

PLEASE TYPE OR PRINT

Date_____

1. Name of facility/program _____

2. Address_____ Community/Development _____

3. City _____ 4. County _____

5. Zip _____ 6. Site Phone ( )_____

7. Mailing Address (if different from site address)   Fax ( )_____

_____   E-mail _____

_____

8. Site Director _____

9. a. Please check all that describe your program:

_____child care center (provides care to 2-5 year olds)
_____infant program (provides care to children under 2 years old)
_____nursery school (preschool program approved by the MSDE)
_____kindergarten (private kindergarten approved by MSDE)
_____part-day program (part-time preschool program for 2, 3 or 4 year olds, licensed by OCC)
_____school-age program (kindergarten and school-age children)
_____full-time (accepts kindergarten and older school-age children for summer, school closings, and holidays)
_____before school
_____after school
_____summer program (offers summer care to kindergarten and older school-age children)
_____special education (program for children with disabilities, approved by MSDE)
_____Head Start (government-funded preschool for low-income children, 2-5 years old)
_____Early Head Start (government-funded program for low-income pregnant women, infants and toddlers)
_____public pre-kindergarten (pre-kindergarten targeted to at-risk children)

b. If you indicated that you offer a school-age program, please check all of the activities your program offers:

_____Homework Help   _____Arts & Crafts   _____Community Service
_____Sports & Recreation   _____Performing Arts   _____Computer Activities
_____Tutoring   _____Ethnic/Cultural

(For Office Use: Map/Coordinates _____)

10. Please circle all that apply:

   a. There is a subway/light rail station near the center   Yes   No
          Name of subway/light rail station _____

   b. There is a public bus line near the center   Yes   No
          Bus names and numbers _____

11. We are very interested in linking child care providers with the closest public school that the children you care for attend. If you had to choose **one** school, what is your primary public elementary school and your primary public middle school? (Please answer even if you do not provide school-age care).

   a. Primary public elementary school _____
      Name of public/private elementary schools that you transport
      to/from _____
   b. Primary public middle school _____
      Name of public/private middle schools that you transport
      to/from _____
   c. Other schools (public or private) you would like to list

      _____

12. a. Please circle all that you provide:
       Before and/or after elementary school care   Yes   No
       Before and/or after middle school care   Yes   No
       Before and/or after preschool program (nursery,   Yes   No
       public pre-kindergarten, part-day, Head Start and Early Head Start)

   b. Please circle all that apply **if you offer any before and/or after school care:**
      Center staff will walk/drive children to/from: school   Yes   No
                                           school bus stop   Yes   No
      Children can walk to/from: school   Yes   No
                                           school bus stop   Yes   No

13. a. What time do you open? _____ Close? _____

   b. Are you willing to adjust the opening and closing hour to accommodate a parent's needs?
                                                                     Yes   No

14. Please check the days of the week that you are regularly open:
      Sun _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____

15. Please circle your answers:

   a. Accept income eligible children who are paid for by
      the Department of Social Services (Child Care Subsidy)   Yes   No

   b. Provide discount when caring for more than
      one child from the same family (Sibling Discount)   Yes   No

   c. Provide scholarships   Yes   No

   d. Offer sliding fee (fee that is flexible according to the parent's income)   Yes   No

16. Do you offer care: _____ Full time? _____ Part-time? _____ Both?
    Do you offer infant care: _____ Full time? _____ Part-time? _____ Both?

17. Are you open:

    9 or 10 months (closed in summer) _____   12 months (year-round)   _____
    Summer only _____   During school vacations   _____

18. Please circle **yes** or **no** for each of the following schedules. **(Please send a copy of your license if you offer <u>evening</u> or <u>overnight</u> care. This must be reflected on your license)**. Do you offer:

Weekend (on regular basis)	Yes	No	Temporary/emergency	Yes	No
Drop-in care	Yes	No	Overnight	Yes	No
Evening	Yes	No	Rotating schedule	Yes	No

19. a. Do you require that all children be toilet trained except where a disability prevents toilet training?
                          Yes   No

    b. Will you toilet train or assist with toilet training toddlers except where a disability prevents
       toilet training?   Yes   No

20. Please circle all that apply to your staff:

CPR trained	Yes	No
First-Aid trained	Yes	No
Administer prescribed medicine (with written permission)	Yes	No
Speak more than one language fluently	Yes	No

          If yes, which language(s): _____

21. Please check the meals that you provide:
Breakfast	_____	P.M. snack _____
A.M. snack	_____	Dinner _____
Lunch	_____	No meals/snacks _____

22. Does your center menu accommodate special diets (ex: kosher, vegetarian, severe food allergies)?
                Yes   No   If yes, which ones? _____

23. Please circle **Y** if your program accepts or **N** if your program does not accept children of each age. Then complete the chart by listing the fees you charge for the different age groups that you accept.

Age	Accept		Weekly cost for full-time care	Daily cost for part-time care
6 wks. - 11 mon.	Y	N	$_____ per week	$_____ per day
12 mon. - 23 mon.	Y	N	$_____ per week	$_____ per day
2 years	Y	N	$_____ per week	$_____ per day
3 years	Y	N	$_____ per week	$_____ per day
4 years	Y	N	$_____ per week	$_____ per day
5 years	Y	N	$_____ per week	$_____ per day
6+ yrs.-full time (holidays/summer)	Y	N	$_____ per week	$_____ per day
Before/after preschool	Y	N	$_____ per week	$_____ per day
Before/after school	Y	N	$_____ per week	$_____ per day

If you have an MSDE-approved nursery school or private kindergarten, please provide your monthly fees here:

_____

Please complete the following chart if you provide **evening/overnight** care (as reflected on your license) or **weekend** care. If you do not provide care during these hours, skip to question 24.

Age	Accept		Weekly cost for evening care	Weekly cost for overnight care	Daily cost for weekend care
6 wks. - 11 mon.	Y	N	$_____ per week	$_____ per week	$_____ per day
12 mon. - 23 mon.	Y	N	$_____ per week	$_____ per week	$_____ per day
2 years	Y	N	$_____ per week	$_____ per week	$_____ per day
3 years	Y	N	$_____ per week	$_____ per week	$_____ per day
4 years	Y	N	$_____ per week	$_____ per week	$_____ per day
5 years	Y	N	$_____ per week	$_____ per week	$_____ per day
6+ yrs.	Y	N	$_____ per week	$_____ per week	$_____ per day

Deposits, Fees and additional information:

24. Do you require a security deposit?   Yes   No
      If yes, how much? $_____

25. Do you require a registration fee?   Yes   No
      If yes, how much? $_____

26. Provide care for up to what age?   _____ years

27. Do you participate in the Child and Adult Care Food Program?   Yes   No

28. Does your center have an emergency preparedness plan?   Yes   No

29. Has anyone on your staff received formal emergency preparedness training?   Yes   No

The information you provide for Questions 30-37 are for statistical purposes only, and will not be available as part of your referral information to parents. Your information is combined with the information of other caregivers in order to study trends in the areas of compensation, children's mental health, and computer usage by the child care community.

30.   a.   <u>STAFF SIZE</u>:

	Number of Paid Staff	Average Annual Full-time Gross Gross Salary	Average Annual Part-time Gross Salary
Directors	_____	_____	_____
Teachers/Senior Staff	_____	_____	_____
Aides	_____	_____	_____
Other	_____	_____	_____
Total Staff	_____		

   b. Do you provide benefits?   Yes   No
      If yes, please check the benefits you provide:

	Fully Paid	Partially Paid	Available but no Employer contribution
Pre-Employment Costs (i.e. physical, FBI check)			
Health Insurance			
Dental Insurance			
Life Insurance			
Other (Specify): _____			

31. Do you currently have a child or children with special needs or disabilities enrolled in care?
        Yes __   If yes, how many? ___   No ___

32. Do you currently have a child or children in care who are receiving early childhood mental health services?
        Yes __   If yes, how many? ___   No ___   Don't know __

33. Do you currently have a child or children in care who are receiving early intervention services other than mental health services?
        Yes __   If yes, how many? ___   No ___   Don't know __

34. Have you ever referred a child or children for early intervention services?
        Yes __   If yes, how many? ___   No ___   Don't know __

35. Have you ever had to terminate the care of a child due to behavior problems?
        Yes ____   If yes, how many? ___   No ___

36. Do you have a working computer? ___Yes   _____ No

37. Do children have access to a computer in your child care program?   _____Yes   _____No

38. Please check all that apply:

ACTUAL LOCATION OF CENTER		**AUSPICES/SPONSORSHIP**	
College site	_____	National chain	_____
Employer site	_____	Local chain	_____
Hospital	_____	Private non-profit agency	_____
Religious site	_____	Public agency	_____
Public school site	_____	Non-profit religious	
Elementary school	_____	organization	_____
Middle school	_____	Proprietary (for profit)	_____
High school	_____		
Private school site	_____		
Business/			
Industrial Park	_____		
Public Housing	_____		
Freestanding building	_____		

39. a. Do you have reserved slots for parents of a particular
company, organization, agency or school?

                                                                                   Yes   No

       If yes, please name: _____

b. Do you give priority of available slots to parents of a particular company, organization,
agency or school?

                                                                                   Yes   No

       If yes, please name: _____

c. Do you offer a discount to the parents of any company, organization, agency or school?

                                                                                   Yes   No

       If yes, please name: _____

Special Needs Care

40. a. Has anyone on your staff had experience caring for children or adults with disabilities
(child care, family and/or community activities)?   Yes   No

b. If yes, please check which disabilities they have had experience with or knowledge of:

Cognitive

_____ Delayed Development   _____ Mental Retardation
_____ Down Syndrome   _____ Speech/Language Delay
_____ Fragile X   _____ Traumatic Brain Injury
_____ Learning Disabled

Physical

_____ Arthritis   _____ Orthopedic
_____ Cerebral Palsy   _____ Paraplegic
_____ Hearing/Vision Loss   _____ Quadriplegic
_____ Low Muscle Tone   _____ Spina Bifida
_____ Muscular Dystrophy

Medical

_____ Apnea Monitor   _____ Heart Condition
_____ BPD   _____ HIV+/AIDS
_____ Blood/organ Disorder   _____ Hydrocephalus
_____ Cancer   _____ Lead Poisoning
_____ Colostomy Bags   _____ Prematurity
_____ Cystic Fibrosis   _____ Respiratory
_____ Diabetes   _____ Severe Allergies
_____ Drug Addicted/Exposed   _____ Severe Asthma
_____ Newborns   _____ Seizure Disorder
_____ Feeding Problems/GI Tubes _____ Trach Tube
_____ Genetic Disorder
_____ George DeLange Syndrome

Social/ Emotional

_____ Adjustment Disorder   _____ Emotional Problems
_____ Asperger Syndrome   _____ Mood Disorder
_____ Attachment Disorder   _____ Obsessive-Compulsive Disorde
_____ Attention Deficit   _____ ODD (Oppositional Defiant Disorder)
Disorder   _____ PDD (Pervasive Development
_____ Attention Deficit   Disorder)
Hyperactivity Disorder   _____ Post-traumatic Stress Disorder
_____ Autism   _____ Sensory Integration Dysfunction
_____ Behavior Problems
_____ Bipolar Disorder
_____ Depression

c. Please circle all that apply to your program:
currently wheelchair accessible   Yes   No
staff knows sign language   Yes   No

Education

41. Please indicate the number of your staff who have completed the following levels of education:

_____ Less than High School   _____ Associate Degree   _____ Master Degree

_____ GED/High School   _____ Bachelor Degree   _____ Doctoral Degree

42. a. Has anyone on your staff completed college level credit courses in Early Childhood Development or
Early Childhood Education?   Yes   No   If yes, how many staff? _____
b. Does anyone on your staff have a college degree in Early Childhood Development or Early Childhood
Education?   Yes   No   If yes, how many staff? _____
43. a. Has anyone on your staff completed college level credit courses in Special Education?
Yes   No   If yes, how many staff? _____
b. Does anyone on your staff have a professional teaching certificate in Special Education issued by
Maryland State Department of Education?   Yes   No   If yes, how many staff? _____

44. Is there anything else you would like to share with parents about your program, i.e. training, preschool activities offered, types of pets, website, etc.?

_____

_____

_____

_____

_____

_____

Enrollment Information

Would you please take a few extra moments to complete the following questions concerning enrollments in your program? This information, combined with that of other caregivers, will be used to provide an accurate picture of the number of children currently enrolled in regulated child care in Maryland.

Full-Time Enrollment

45. How many children under 2 years of age do you have currently enrolled in your program? _____

46. How many children 2-4 years of age do you have currently enrolled in your program? _____

47. How many 5 year olds do you have currently enrolled <u>all day</u>, <u>all year</u> in your program? _____
(These are the 5 year olds who did not make the September 1st kindergarten age cutoff.)

48. How many school age children do you have enrolled full time (summer and holiday care) in your program? _____

Before and After School and Before and After Kindergarten Enrollment

49. If you provide before and after school care, how many children 5 years and older are currently enrolled? _____